REGIONAL INNOVATION GRANT
Montana Department of Labor & Industry

Industry Cluster—Health Care

Committee Members
Tim Bronk
Susie Burch
Rosalie Cates
Doug Rauthe
Lynn Stocking

Submitted January 14, 2009

REGIONAL INNOVATION GRANT
Montana Department of Labor & Industry
Industry Cluster—Health Care

The RIG committee offering pertinent information toward health care in Montana and specifically in Western Montana identifies the health care cluster in Western Montana to include hospitals (of varying sizes and capacity), doctors' offices and health care clinics, long-term care facilities, residential care facilities, in-home health care, medical suppliers, pharmaceutical manufacturers, education and training institutions, community management teams, and related professional organizations. The National Consortium on Health Science and Technology Education further identifies the health care cluster as career paths which are associated with health care.   For purposes of this report the type of organization rather than the career paths represents the 'cluster'. We also recognize the 'health care industry' to include many more organizations than identified here.

High Impact Organizations in the health care cluster include hospitals in high population areas such as Kalispell Regional Medical Center in Flathead County, Community Medical Center and St. Patrick Hospital. Marcus Daly Memorial Hospital in the Bitterroot Valley while a 'smaller' organization when compared to the other medical centers in Western Montana is noted for their programs related to their retention and education of employees. Community Management Teams in each of the western Montana communities represent one example of an active, successful collaboration of organizations and people that will be integral to the movement of going forward in the health care environment. Educational organizations identified within this 'cluster' of Western Montana include Flathead High Schools, Flathead Valley Community College, The University of Montana and The University of Montana College of Technology, The Missoula County Public Schools Life Long Learning Center, and Salish Kootenai College. The research and health care organization, GlaxoSmithKlein's impact on employment and training and education initiatives within health care in Montana and specifically Western Montana.

Professional organizations included in our identified health care cluster are those such as the Montana Hospital Association, the Montana Association of Health Care Providers, Western Montana Health Care & Workforce Alliance, Montana Rural Health Association, and Montana Health Occupation Students of America. Further Montana has through the Board of Regents identified a Montana Healthcare Workforce Advisory Committee (MHWAC). Within each primary professional association there are a host of professional organizations which provide health care professionals with information, opportunities for training, and professional growth and alliances. Each of the professional organizations concentrates on or has an active component of workforce development through education. Regulatory boards in the state of Montana such as the Board of Nursing and the Board of Radiologic Technology can be identified as professional organizations within the health care cluster as we have defined it.

The Condition of the Health Care Industry

The publication Montana InBusiness in a 2007 volume described the 'condition' of the health care industry as being impacted by the rising costs of health care in Montana and the rest of the

nation. Rising costs represent a 'challenge' for both health consumers and health providers. Health care reform, then, seems to be the heading under which change is active in Montana. The Governor of Montana, Brian Schweitzer, and Montana Senator Max Baucus are champions of the change in Montana and are working in collaboration with health care professionals. Governor Schweitzer's Blue Ribbon Task Force in 2002 identified a number of issues still being addressed today. Lawmakers such as Max Baucus are taking forward such initiatives as the most current move toward policy for health insurance coverage for all in his Call to Action—Health Insurance for All initiative.

Other conditions of the health care industry which are true in the nation but certainly in Montana and specifically Western Montana are identified as:

• Lack of availability of well-trained, locally accessible professionals which is further impacted by global competition for those individuals. The availability of such professionals is impacted in Montana and certainly rural areas in Montana by the competiveness of pay for these individuals which means something more needs to draw professionals to this area. Beyond even the draw is the need for retention programs designed for long term retention of these professionals.

• Need for education and training programs to change curriculum to provide increased orientation to health care in rural areas. Additionally, the curriculum should require a practicum in 'rural' health institutions—a rotation in 'rural' health just as there is a rotation in 'pediatrics' for nursing students. Providing such components will lead to individuals not only more prepared for 'rural' environments in health care in Montana but an understanding of the required next steps in this industry to continue to change the focus in the industry.

• Eastern Montana was first to actively use electronic media to conduct work and provide education both within individual health care institutions and in a coordinated, collaborative fashion between institutions. Western Montana is moving the direction of the eastern portion of the state with regard to incorporating, demanding, expecting, allocating resources for electronic communication resources. There remain gaps between institutions and people in Western Montana for this opportunity. As well, there remain gaps between the western and eastern Montana and the opportunity to communicate and collaborate. Such a gap is not necessarily a result of lack of desire or intent but rather lack of resources to facilitate obtaining and installing the necessary components toward such communication.

The condition of the industry is also represented by growth in specific consumer base or required function. The coming of the 'silver tsunami' (MT InBusiness) recognizes the growth of a specific population of health care consumers. The health care industry needs to ready itself for and respond with health care services, systems of delivery, systems of initial education and training as well as continuing education and products which support the "aging" population ("baby boomers) in and coming in to Montana. This segment of the population will also impact health and fitness systems, preventative care systems, and access to them as well as impacting the expectations for long term care and what that looks likes now and in the future.

Health Care Industry Infrastructure

The following components were identified by the committee as components which were or would be critical to the infrastructure of the health care industry as it moves forward.

- Health Care Reform (Health Insurance availability for all individuals.)
- A state insurance plan which clearly identifies goals and solutions or support for reaching stated goals
- Development of or evolution of public policy which may support health insurance for all individuals, which may identify advantages for employers who support employees through systems of health care coverage, which may support health care institutions that collaborate with employers and individuals to provide desired care.
- Structures which provide quality care where the individual consumer is identified as the priority of the institution(s) rather than just more care a philosophy supported by prioritizing the financial well being of a health care institution over the consumer.
- Structures supporting technology which allow institutions to participate in the electronic communication systems that expand access to information and care through data and patient diagnosis and care information
- Policies defining and supporting systems which offer 'affordable' and 'accessible' care for individuals
- Systems which provide and promote preventive/staying healthy solutions for individuals
- Tax Credits available for individuals and institutions providing health care in rural areas
- Health care institution and educational institution leadership with insight and willingness to move forward; Boards of Directors and Advisory Boards will have high impact on the goals and outcomes of both the health care institutions and education institution by being proactive and responding to communities and individuals.
- Development of new access systems, support and upgrading of existing systems, and development of education programs which support using the available connectivity (information technology/telecommunication)
- Education and industry active partnerships and the development of or up dating of the 'workforce'.

The pipeline for increasing the prospective employee pool and responding to the shortage of health care workforce includes K-12 education system initiatives. One of those initiatives is identified through the awareness and skill training is being facilitated by the Health Occupation Student Association in Montana.

Continuing education of the current health care professionals can occur through collaboration between institutions and education professionals. A current need is for nurses to be trained in IV therapy based on a change in scope of practice for that segment of the health care workforce.   Creating a training opportunity for nurses (both currently employed and seeking employment) is one way the health care institutions and Community Colleges/Colleges of Technology may partner toward the development of and retention of health care professionals. This opportunity is being offered in short time frame to respond to the demand required by law, meet the needs of the institution, the employees, and the consumer. Fees are determined

by the educational professionals using a cost recovery model and are paid by the health care institution.

- Well coordinated credentialing and training in Montana
  Well coordinated training and credentialing is a component of state wide structure which will impact Western Montana health care industry. A collaboration between the professional developing the knowledge base and skill sets (education), the governing board of education system (Board of Regents as an example), the governing board of the profession (Board of Nursing as an example) is not present and is critical to success of individuals. Individuals in these organizations, however, are actively pursuing systems of training, education, collaboration toward an outcome which is a well coordinated system. Such a system would be intended to serve not only western Montana but the whole of Montana and would be available/accessible to health care practitioners where they live.

- Clinical sites
  A critical infrastructure component for the education of the workforce as entry level health care professionals and for those expanding or updating knowledge and skills is the 'clinical site'. The cry from the education professionals is for more clinical sites, allowing for more students to 'practice' in 'real' situations of health care; the cry from the communities is for an increased number of professionals aligned with health care; the cry from within the cooperating (and some not cooperating) institutions is for understanding regarding the reality of the institution census and the number of available patients and related experiences or support situation in which a 'student' could be involved. As well, current health care institution employees are the 'clinical site' experts and ultimately those who provide insight and oversight for the student. Responding to this critical need will require (and will not be accomplished without) collaboration between the individuals representing the institutions—health care and health care workforce educators and trainers. How can this be accomplished? Who will be involved and what will be required in resources in order to remain an active discussion in Western Montana? What will the 'new' experience rubric look like; what will the industry require, what will the consumer expect? To students who will be health care professionals, the skill development available through the clinical site experiences is required and essential to the next step of successful employment and retention. Because those clinical sites are currently limited in number and scope, this is a critical issue in health care. The conversations related to educational institutions responding to a workforce shortage will continue to look like no response until the partners determine how the development of skill sets can be accomplished in a different way or how the access to clinical sites is increased.

Health Care Professionals Required Skill Sets

Required skill sets which are identified with health care professionals include: clinical and related skills sets, communication skill sets as related to patients and professional teams within and outside the health care institutions, organizational skill sets, competence in caring for individuals from a diverse set of background (cultural and socioeconomic backgrounds for example), customer service skill sets and basic health informatics skills which will include health care professionals communicating with information technology professionals.

Maintaining and moving forward supporting skills sets includes developing systems of Continuing Education for health care professionals for purposes of keeping updated as individuals, for retaining employees, and for purposes of offering services to patients; identifying companion services which will allow initial training programs to recognize the opportunity for 'interdisciplinary' programming and the institutions to recognize 'interdisciplinary' or cross-training within institutions to support patient services and support employee retention; Recognition that health care givers need major updating to their body of knowledge every five years.

Gaps and Bridging the Gaps

Gaps in the health care industry which the committee has identified include the current capacity of education systems to deliver number and quality of health care professionals required, readily available and affordable continuing education for health care professionals, retention plans in place which support the health care professionals, and the state of telecommunication/electronic connectivity in the state of Montana,—not all institutions have access to electronic/telecommunications systems for communication purposes; and the systems may be different and may not be compatible even if available

One consideration which might bridge a gap in the shortage of health care professionals is as identified in the Policy Opportunity Snapshots document. Bridging this gap might include changing scopes of practice and related laws to expand the role and responsibility for patient care for health care professionals such as paramedics, physician's assistants, dental technicians to play a larger role in patient care.

Not all institutions—health care and educational—have access to electronic communication systems which are at the same capacity or compatible. The state and communities need to come together to determine needs, access, and cost of access (which will also include training individuals to use the electronic systems) and what it will take to accomplish access. The next step would be to identify benefactors who would provide the funding to put the base for communicating in place.

Successes

Whenever an in-depth look is undertaking into the 'state' of an industry as is the case here that which rises to the top for discussion and recognition purposes is often only the changes which need to be made to the system, the components of a system which aren't working, and the dissatisfaction with whatever is current.

There are successes in western Montana health care which should be recognized. Making mammograms available to women in rural areas through a mobile unit is one of those successes. Teaching nursing in rural areas using a combination of electronic and face-to-face systems to

increase the number of nurses available and to train the individuals where they live is another success.

There can be more and the successes will be notable and more public with systems of operation, delivery, and support of the health care professional and the health care consumer developed and maintained and accessible in rural areas and high population areas in Montana.

REGIONAL INNOVATION GRANT
Montana Department of Labor & Industry
Industry Cluster—Health Care

RIG—Health Care White Paper Related References/Sites

http://www.nwcphp.org/training/hot-topics/2009-hot-topics

http://www.nwcphp.org/training/hot-topics/2009-hot-topics/using-slides-effectively

http://www.nwcphp.org/training/courses-exercises/courses/data-interpretation

http://www.nwcphp.org/training/epi

http://www.flexmonitoring.org/documents/BriefingPaper11_HIT.pdf

http://healthinfo.montana.edu/continuingeducationcalendar/

http://www.nchste.org/career-cluster/

http://healthinfo.montana.edu/Finaldraft.pdf

http://www.scmtahec.org/images/Pathways_Final_Brochure.pdf

http://content.healthaffairs.org/cgi/content/full/21/5/78

http://www.professionalnursing.org/

http://www.slideshare.net/kennyong/optimizing-skill-sets-processes-and-technology-to-boost-the-effectiveness-of-healthcare-delivery-to-customers-abf-pharmaceutical-conference-singapore

http://www.utmb.edu/oed/scholars/Teaching%20Communication%20Skills.ppt#269

RIG—Health Care White Paper Related References

"Call to Action—Health Reform 2009" , U.S. Senator Max Baucus

"Policy Opportunity Snapshots—Context, Challenges, and Opportunities"
The National Rural Assembly

The Journal of Professional Nursing, Volume 2, Issue 3, "Collaboration, Credibility, Compassion, and Coordination: Professional Nurse Communication Skill Sets in Health Care Team Interactions" by Apker, Joyce, Propp, Kathleen, Zabaya Ford, Wendy, Hofmeister, Nancee.

Australian Health Review, "Building Health Informatics Skills For Health Professionals" by Garde, Sebastian, Harrison, David, Huque, Mohammed, and Hovenga, Evelyn, February 2006.